

**TRANSMITTAL
FORM**

Application Serial Number	09/497,587
Filing Date	February 3, 2000
First Named Inventor	Liverant
Group Art Unit	2611
Examiner Name	Technology Center Dominic Saltarelli
Attorney Docket No.	ACI-001 (276/7)
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED

2600

ENCLOSURES (check all that apply)

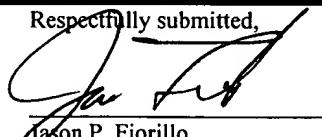
<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets 11] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

CORRESPONDENCE ADDRESS

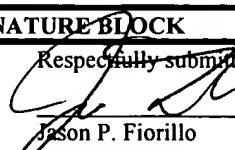
Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Date: August 26, 2004
 Reg. No. 52,892
 Tel. No.: (617) 310-8471
 Fax No.: (617) 248-7100

Respectfully submitted,

 Jason P. Fiorillo
 Attorney for Applicants
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

FEE TRANSMITTAL		<i>Complete if Known</i>	
FY 2004		Application Serial Number	09/497,587
		Filing Date	February 3, 2000
		First Named Inventor	Liverant
		Group Art Unit	2611
		Examiner Name	Dominic Saltarelli
		Attorney Docket No.	ACI-001 (276/7)
		RECEIVED	
		SEP 02 2004	
		Technology Center 2600	

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
3. <input checked="" type="checkbox"/> Applicant claims small entity status.					
FEE CALCULATION					
1. FILING FEE					
Large Entity					
Fee (\$)	Fee Description	Fee Paid			
770	Utility filing fee				
340	Design filing fee				
160	Provisional filing fee				
		Number Filed	Number Extra	Rate	Amount
Total Claims		- 20 =		x \$ 18.00 =	
Independent Claims		- 3 =		x \$ 86.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$290.00 =	
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$)					
2. AMENDMENT CLAIM FEES					
Claims Remaining After Amend.	Highest No. Previously Paid For	Present	Rate	Fee Paid	
Total 27	- 30 =	0	x \$ 18.00 =		
Indep. 5	- 7 =	0	x \$ 86.00 =		
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =		
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (2) (\$)					
CORRESPONDENCE ADDRESS					
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100					
SIGNATURE BLOCK					
Respectfully submitted,  Jason P. Fiorillo Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110					